## APPLICATION FOR UNITED STATE PATENT Declaration and Power of Attorney

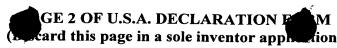
As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

(if plues	I verily believe	that I am t	he original, first and so	ole inventor (if only one n	ame is listed below) or an origin	nal, first and joint invento				
SING	LE-ELEMENT	OPTICAL	w) of the subject matt L WAVELENGTH BA	er which is claimed and f ANDPASS FILTER FY	or which a patent is sought on the DRMED IN OPTICAL FIBE	ne invention entitled:				
WAVE	JULUE AND	<u> AETHOD (</u>	DF MANUFACTURE	THEREOF	AND IN OLICAL FIBE	A OR OPTICAL				
describe Check o	d and claimed i	n the specif	fication:							
CHECK	*a. [X] attach	ed hereto.								
	b. [] filed or	n	as Application	n Serial No.	and amended on					
					(if applicable)	<b>_</b>				
	I hereby state t	hat I have re	eviewed and understand	the contents of the above	e-identified application, includir					
by any a	mendment refer	red to abov	e.	duc contents of the above	e-identified application, including	ig the claims, as amended				
accordan				of which I am aware w 56(a). Under Title 35 U.S on are hereby claimed:	hich is material to the examinat . Code §119, the priority benefit:	ion of this application ir s of the following foreign				
0	Japanese Patent Application No.2000-311582 filed October 12, 2000									
0 0 11	Japanese Patent Application No. 2001-203032 filed July 4, 2001									
W	The following an either (a) more	applications than one ye	for patent or inventor's	s certificate on this invent	ion were filed in countries foreig g date of the above-named foreig	gn to the United States of				
If there insert "	are no corresp			aron, or (e) object the min	g date of the above-manied foreig	an priority application(s):				
and to tra	I hereby appoin unsact all busine	t the follow ess in the Pa	ing as my attorneys of atent Office:	record with full power of	substitution and revocation to p	prosecute this application				
<b>√.</b> '∃	Roger W. Parkhurst, Reg. No. 25,177; Charles A. Wendel, Reg. No. 24,453; and/or Lawrence D. Eisen, Reg. No. 41,009									
už.	ALL CORF	RESPON	DENCE IN CON	NECTION WITH	THIS APPLICATION S	HOULD BE SENT				
I O PA	KKHURST	& WEN	NDEL, L.L.P., 14	21 Prince Street, S	uite 210, Alexandria, Vi	irginia 22314-2805				
Teleph	one: (703) 7	39-0220.	•		·					
with the k	nowledge that v	at an staten villful false	statements and the like	tion and belief are believe so made are punishable	claration, and that all statements d to be true; and further that the by fine or imprisonment, or both rdize the validity of the applicat	se statements were made				
3 Typewri	itten Full Name	of								
Sole or F	First Inventor		Yoshinori		Takeuchi					
			Given Name	Middle Initial	Family Name					
*4 Invento	or's Signature	re	Joshins	Takench'		_				
5 Date of	Signature	æ	September	5	2001					
			Month	Day	Year	<del></del>				
6 Residen	ce	Tama-shi	Tok	уо	Japan					
7 Citizens	hip <u>Jap</u> a	City anese	State or	Province	Country					
(	Post Office Add Insert complete ddress, includir	mailing	2-6-5-502, Toyogac	oka, Tama-shi, Tokyo 206	5-0031 Japan	<u> </u>				

<sup>\*</sup>This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

<sup>\*\*</sup>Note to the Inventor. Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.



(Insert compl	ete mailing		· · - · - · - · - · - · - · - · - ·		
itizenship Post Office A	ddress _				
sidence		City St	ate or Province	Country	_
ate of Signature	res	Month	Day	Year	
•		7			
entor's Signature	• /	Given Name	Middle Initial	Family Name	
newritten Full Na 11 Joint Inventor (					
(Insert comp					
itizenship Post Office A					
esidence	City	St	ate or Province	Country	<u> </u>
-6		Month	Day	Year	•
te of Signature				1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	<del></del>
orth Joint Invento ventor's Signature		Given Name	Middle Initial	Family Name	-
ewritten Full Na	me of				
Post Office A					
itizenship	City	Sta	ate or Province	Country	
esidence	C:t-			-	
ate of Signature	ISP	Month	Day	Yea	r
nventor's Signatur					
~-		Given Name	Middle Initial	Family Name	
pewritten Full Na	ime of				
8 Post Office Address (Insert complete mailing address, including count			lai, Sagamihara-shi, Kana	ngawa-ken, 228-0814 Japan	
Citizenship _	City Japanese	State o	or Province	Country	
tesidence _	Sagamihara		gawa-ken	Japan	
Date of Signature	<b>ES</b>	Septembe Month	r 5 Day	200 Yea	
Inventor's Signatu	re 🖙	Shinich'	Wahahays	shi	<del></del>
		Given Name	Middle Initial	Family Name	
econd Joint Inven	tor (if any)	Shinichi		Wakabayashi	

<sup>\*\*</sup>This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.